

March-01-13 1:52:29 PM

97975

Page 1

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Item Name: Rubber Cushion

Start Date: 3/01/13 **Start Qty:** 4.00

4

Cust Item ID:

Required Date: 3/29/13 **Req'd Qty:** 4.00

4

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 13-03-04

Tooling: _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

[illegible]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | |
|--|-------------|-------------|------------|---|--------------------------|---------------------------|------------------------|---------------------|---------------------|--|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION <div style="display: flex; justify-content: space-around;"> <div style="text-align: right;"> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div style="text-align: right;"> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div style="text-align: right;"> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div style="text-align: right;"> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div style="text-align: right;"> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | |
| Doc/Data | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | |
| Material | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Process | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | |
| Training | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

Work Order ID 97975

97975

Page 2

March-01-13 1:52:29 PM

Item ID: D2397-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Rubber Cushion

Start Date: 3/01/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 3/29/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

130

QC

Memo

0.00

Quality Control

13/4/17
QB-0417

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |

Picklist Print

March-01-13 1:52:29 PM

Page 1

Work Order ID: 97975

Parent Item: D2397-1

Parent Item Name: Rubber Cushion

Start Date: 3/01/13

Required Date: 3/29/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP A98.12.15New IssueDM

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D2397 Rubber Cushion | | Manufactured | No | | M125290 | 100 | sf | 0.0000 | 0.0649 | 0.2704168 | 0.2704 | FF 13-04-16 | |

MNE0605.063 C2 13/04/17

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | |
|--|------|------|-----|--|-------------------|-----------------------------------|-------------|--------------|--------------|--|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | AGAINST DEPARTMENT/PROCESS | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | |
| Doc/Data | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | |
| Material | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Process | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | |
| Training | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | |
|-----------------------------------|---|--|--|--|---|---|--|--|---|---|
| Landing Gear | | | General | | | | | | | |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> Cracks | <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Wave/Twist in Tube |
| <input type="checkbox"/> Bend | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Burrs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Countersink | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Drawing | <input type="checkbox"/> Finish | <input type="checkbox"/> Folio |
| <input type="checkbox"/> Grain | <input type="checkbox"/> Hardware | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Misread | <input type="checkbox"/> Offset | <input type="checkbox"/> Out of Calibration | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions |
| <input type="checkbox"/> Ovalized | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Weld | <input type="checkbox"/> Wrong Stock Pulled |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |



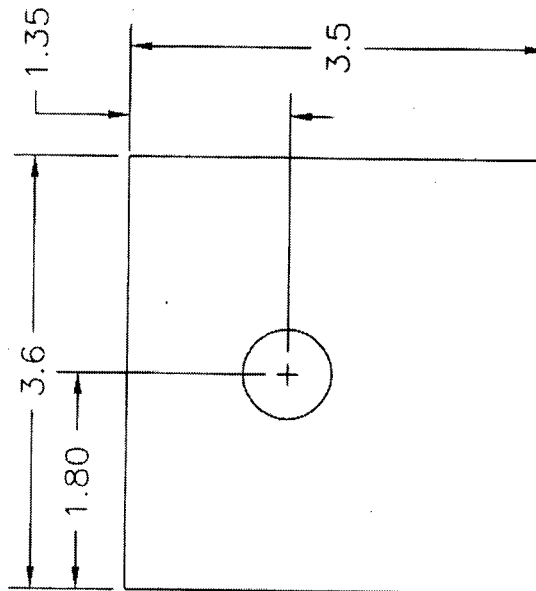
| | | | |
|----------------------|---|---|------------------------|
| DESIGN BW | DRAWN BY <i>CP</i> | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | |
| CHECKED <i>KE</i> | APPROVED <i>HA</i> | DRAWING NO. D2397 | REV. C SHEET 1 OF 1 |
| DATE 98.12.03 | TITLE RUBBER CUSHION SCALE 2:3 | | |
| A | 95.03.22 | NEW ISSUE | |
| B | 96.02.16 | ADDED D2397-3 | |
| C | 98.12.03 | D2397-3 REDESIGNED; ADDED D2397-5 | |

RELEASED
98.12.14 KE

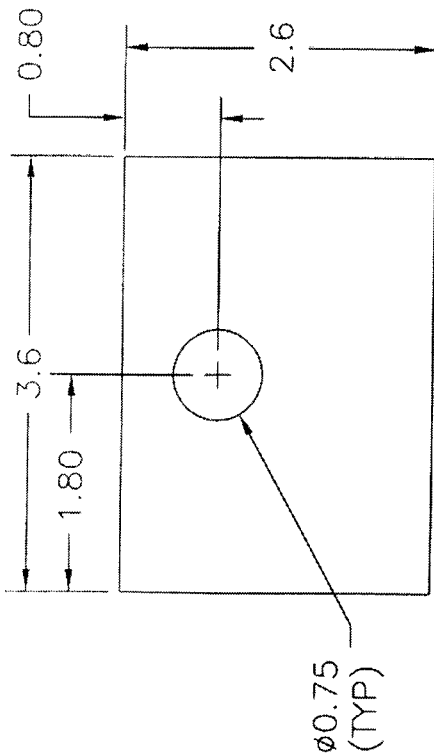
~~SUPERCEDED BY~~

UNDER REVIEW

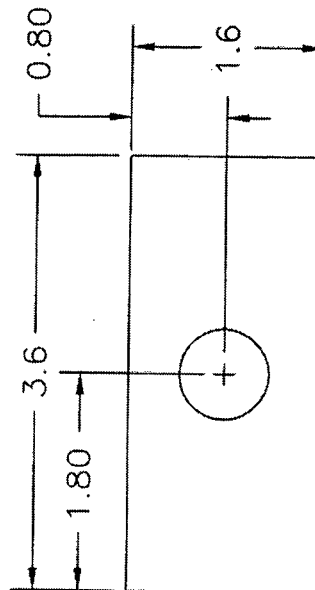
01.03.15 CP
DESIGN OK, BUT CHECK
WITH JB BEFORE
MANUFACTURE
CP



D2397-5
CUT USING DT8198



D2397-1
CUT USING DT8199



D2397-3
CUT USING DT8199

SHE
RE
EN
UNCON
SUBJCT
W
W

W
W

NO 97975 MLC
13-03-04

MATERIAL: 60 DUROMETER NEOPRENE 1/16" THICK
(POSSIBLE SUPPLIER: ACCURATE RUBBER, P/N 251000002)
TOLERANCES PER DART QSI 018 UNLESS OTHERWISE NOTED